


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 734041**  
 1. Entity Name  
**TRUSTEE CORPORATION OF GREATER ST. PAUL BAPTIST CHURCH OF COCOA, FLORIDA, INC.**



Principal Place of Business      Mailing Address  
 213 STONE ST.      213 STONE ST.  
 COCOA, FL 32922      COCOA, FL 32922

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number **59-3493508** Applied For / Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WELLS, W O SR.**  
**213 MAGNOLIA STREET**  
**COCOA, FL 32922**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WELLS, W. O
STREET ADDRESS	213 STONE ST.
CITY-ST-ZIP	COCOA, FL 32922
TITLE	CT
NAME	WHITE, KARL
STREET ADDRESS	1227 WINDING MEADOWS RD.
CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	VT
NAME	RACKSTON, BETTYE
STREET ADDRESS	717 AURORA ST.
CITY-ST-ZIP	COCOA, FL 32922
TITLE	ST
NAME	FAIN, MARY
STREET ADDRESS	1938 OTTERBEIN AVE., #401
CITY-ST-ZIP	COCOA, FL 32926
TITLE	T
NAME	GRAY, JAMES
STREET ADDRESS	710 STONE ST.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	T
NAME	BLACKMAN, ALVIN
STREET ADDRESS	2583 MEADOW LANE
CITY-ST-ZIP	COCOA, FL 32922

U00000585482  
 01/16/07-80014-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Willie O. Wells, Sr. **1-10-07** 636-7178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #